

Qualitative Case Review

Western Region

Fiscal Year 2005

Preliminary Results

Office of Services Review

September 2004

Executive Summary

- 24 cases were reviewed for the Western Region Qualitative Case Review conducted in September 2004.
- One of the 24 target children was AWOL at the time of the review. In another case, key interviews were either not available or insufficient to adequately assess the case. As a result, these two cases were not scored on the System Performance indicators.
- The overall Child Status score was 88%, which was identical to last year's score. This exceeds the exit criteria of 85% and is a positive result.
- Safety scores reached a high level with 88% acceptable cases.
- Safety, Stability, Appropriateness of Placement, Health/Physical Well-being, Emotional/Behavioral well being, Caregiver Functioning, Family Functioning, and Satisfaction showed excellent results; all scored at or above 85%.
- Prospects for Permanency rose from 58% to 73%, Stability rose from 71% to 86%, and Family Resourcefulness jumped from 53% to 85%.
- The Overall System Performance stayed essentially the same this year as last year, 79% last year and 77% this year.
- Nine system indicators improved while two declined slightly. The nine indicators that improved were Functional Assessment, Long Term View, Child and Family Planning Process, Plan Implementation, Child and Family Participation, Formal/Informal Supports, Successful Transitions, Effective Results, and Caregiver Support.
- Three core indicators clearly exceeded the exit criteria: Team Coordination (73%), Plan Implementation (91%), and Tracking and Adaptation (77%).
- Home-based cases scored lower than foster care cases. Also, cases with a goal of Remain Home scored lower than other cases. Neither of the two cases with a goal of Guardianship achieved an acceptable score on System Performance.
- High caseload size had a negative impact on the results. Caseworkers with lower caseloads performed better, on average, than workers who carried a larger caseload, although it is important to note that only four workers had caseloads of 17 or more cases.
- Of the 24 caseworkers reviewed only two were new workers with less than 12 months work experience. All others have been working for DCFS for more than a year. This demonstrates an excellent worker retention rate.

Methodology

The Qualitative Case Review was held the week of September 27 to October 1, 2004. Twenty-four open DCFS cases in the Western Region were reviewed by certified reviewers from the Child Welfare Policy and Practice Group (CWPPG), the Office of Services Review (OSR), and the Division of Child and Family Services (DCFS). Reviewers from DCFS and outside stakeholders also participated with the certified reviewers. The cases were selected by CWPPG based on a sampling matrix assuring that a representative group of children were reviewed. The sample included children in out-of-home care and families receiving home-based service, such as voluntary and protective supervision and intensive family preservation. Cases were selected to include offices throughout the region.

Information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents or other guardians, foster parents (when placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. In addition the child's file, including prior CPS investigations and other available records, was reviewed.

Performance Tables

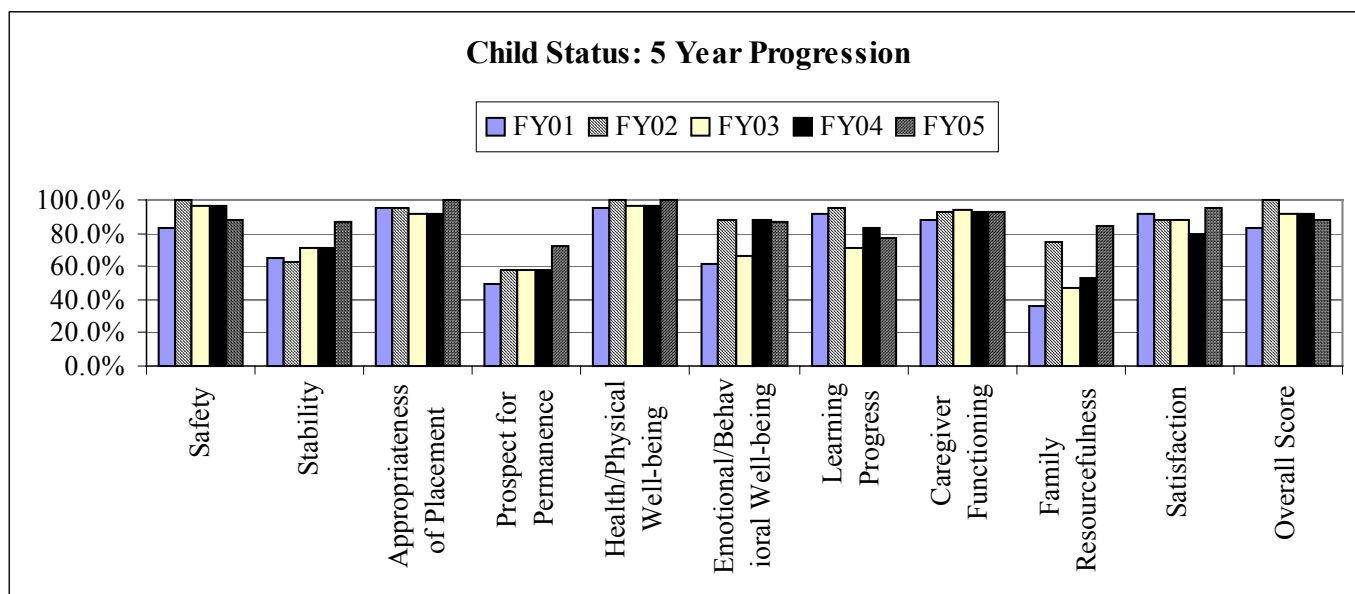
Preliminary data

The results in the following tables are based on the scores provided to OSR at the end of the Western Region Review. They contain the scores of 24 cases. These results are preliminary only and are subject to change until all reviewers have submitted their case stories. The following table includes a baseline year and results from the five past fiscal years.

Western Child Status										
	# of	# of	FY00			FY01	FY02	FY03	FY04	FY05
	cases	cases	Baseline							Current
	(+)	(-)	Scores	Exit Criteria 85%	on overall score					Scores
Safety	21	3	59.1%	<div><div></div></div>	87.5%	82.6%	100.0%	95.8%	95.8%	87.5%
Stability	19	3	72.7%	<div><div></div></div>	86.4%	65.2%	62.5%	70.8%	70.8%	86.4%
Approp. of Placement	22	0	86.4%	<div><div></div></div>	100.0%	95.7%	95.7%	91.7%	91.7%	100.0%
Prospect for Permanence	16	6	63.6%	<div><div></div></div>	72.7%	50.0%	58.3%	58.3%	58.3%	72.7%
Health/Physical Well-being	22	0	86.4%	<div><div></div></div>	100.0%	95.7%	100.0%	95.8%	95.8%	100.0%
Emot./Behavioral Well-being	19	3	63.6%	<div><div></div></div>	86.4%	60.9%	87.5%	66.7%	87.5%	86.4%
Learning Progress	17	5	77.3%	<div><div></div></div>	77.3%	91.3%	95.7%	70.8%	83.3%	77.3%
Caregiver Functioning	12	1	45.5%	<div><div></div></div>	92.3%	87.5%	93.3%	94.4%	93.3%	92.3%
Family Resourcefulness	11	2	31.8%	<div><div></div></div>	84.6%	35.7%	75.0%	46.7%	53.3%	84.6%
Satisfaction	21	1	95.5%	<div><div></div></div>	95.5%	91.3%	87.5%	87.5%	79.2%	95.5%
Overall Score	21	3	50.0%	<div><div></div></div>	87.5%	82.6%	100.0%	91.7%	91.7%	87.5%
				0%	20%	40%	60%	80%	100%	

(+) cases acceptable, (-) cases needing improvement

- 1) This score reflects the percent of cases that had an overall acceptable Child Status score. It is not an average of FY05 current scores. Note: These scores are preliminary and subject to change.



Statistical Analysis of Child Status Results:

The overall Child Status score was 87.5% with only three out of 24 cases not reaching an acceptable level. This exceeds the exit criteria of 85% and is a very positive result. All three of these cases received unacceptable scores on Safety. One of these three cases automatically received an unacceptable score on Safety because the target child was AWOL at the time of the review.

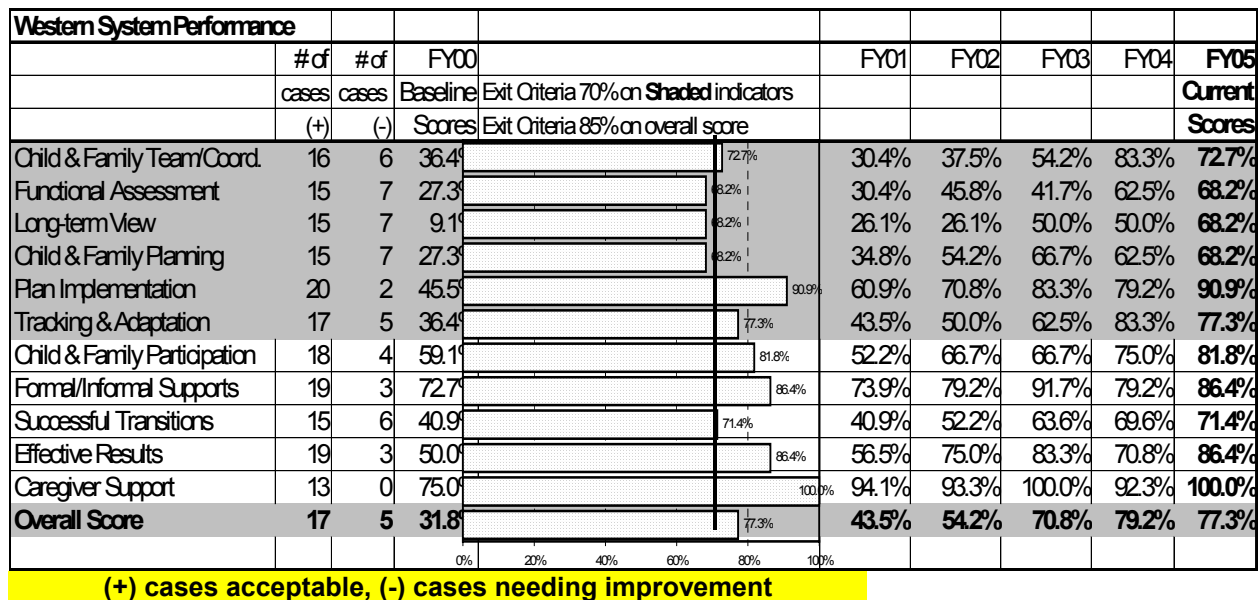
Six of the ten Child Status indicators showed improvement. There were double digit increases in Stability (up 16 points), Prospects for Permanence (up 14 points), and Satisfaction (up 16 points). Appropriateness of placement and Health/Physical Well-being both scored 100%. Emotional/Behavioral Well-being, Learning Progress, and Caregiver Functioning scored nearly the same as they scored last year.

Indicators that showed excellent results included: Safety (88%), Stability (86%), Appropriateness of Placement (100%), Health/Physical Well-being (100%), Emotional/Behavioral Well-being (86%), Caregiver Functioning (92%), Family Functioning (85%), and Satisfaction (96%).

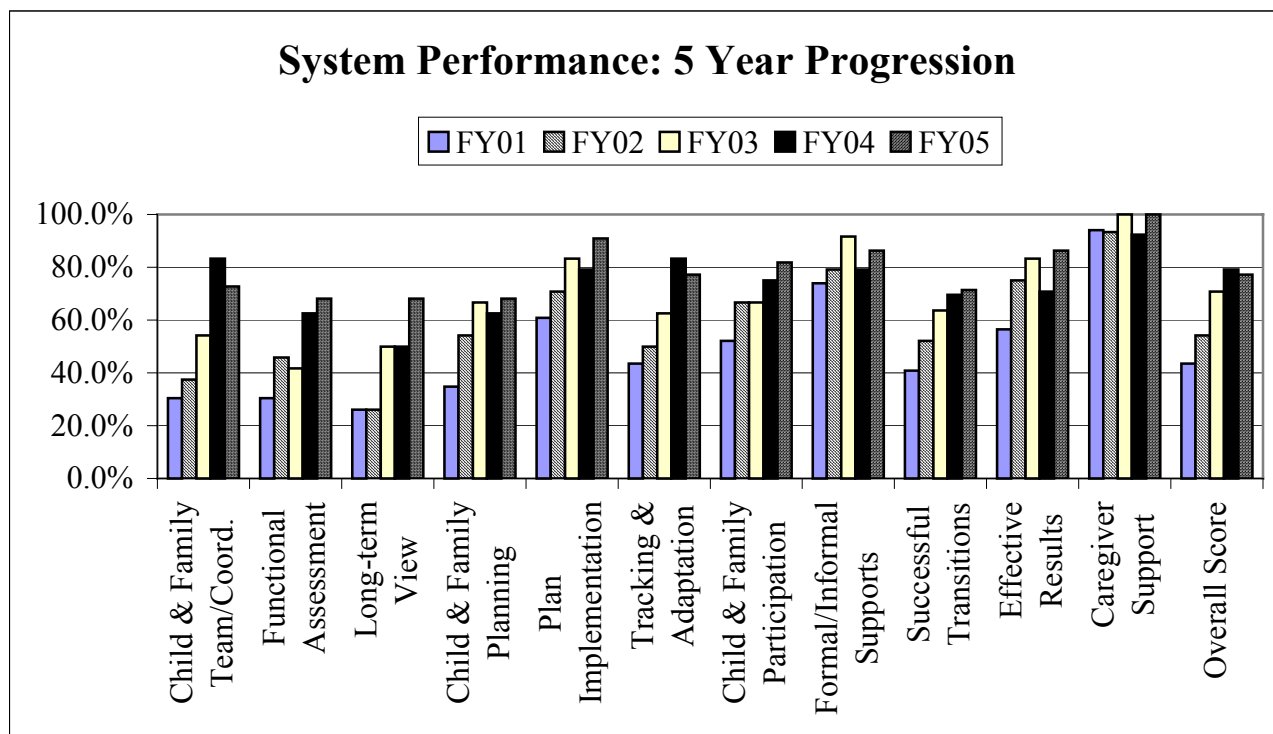
There were three indicators that were reported as concerns last year: Family Functioning, Prospects for Permanence, and Satisfaction. There had been only a slight increase in Family Resourcefulness last year over the year before (from 47% to 53%). This year that indicator soared to 85%! Prospects for Permanence had remained unchanged from the previous year at 58.3%. This year Prospects for Permanence reached 73%! Satisfaction had fallen below the exit criteria last year. This year it reached an impressive 96%!

Whereas five indicators exceeded the exit criteria last year; there were eight indicators that exceeded the exit criteria this year. They were Safety, Stability, Appropriateness of Placement, Health/Physical Well-being, Emotional Well-being, Caregiver Functioning, Family Resourcefulness, and Satisfaction.

Although the overall Child Status score was slightly lower this year than last year, most of the indicators showed improvement and two of the indicators reached 100%, and Overall Child Status remained above the exit criteria at 88%.



- 1) This score reflects the percent of cases that had an overall acceptable System Performance score. It is not an average of FY05 current scores.



Note: These scores are preliminary and subject to change.

Statistical Analysis of System Performance Results:

The overall score for System Performance was nearly identical to last year, 79% to 77%. One of the 24 target children was AWOL at the time of the review. In another case, key interviews were either not available or insufficient to adequately assess the case. As a result, these two cases were not scored on the System Performance indicators. Seventeen of the 22 cases scored had acceptable system performance.

Nine system indicators improved from last year. There were double digit increases in Long Term View (from 50% to 68%), Plan Implementation (from 79% to 91%) and Effective Results (from 71% to 86%). Long Term View was the indicator that showed the most improvement. There were more modest increases in Functional Assessment (from 63% to 68%), Child and Family Planning Process (63% to 68%), Child and Family Participation (from 75% to 82%), Formal/Informal Supports (from 79% to 86%), and Caregiver Support (from 92% to 100%).

Three of the six core indicators clearly exceeded the exit criteria (Plan Implementation at 91%, Tracking and Adaptation at 77%, and Child and Family Team Coordination at 73%).

There were two indicators that showed decreases. Child and Family Team Coordination dipped from 83% to 73% and Tracking and Adaptation slipped from 83% to 77%. Nonetheless, both remained above the exit criteria. None of the eleven system indicators scored significantly below the exit criteria. Long Term View, which has been a concern for the past two years as it was stuck at 50%, showed the largest increase of any system indicator (from 50% to 68%).

The highest scoring system indicators were Caregiver Support (100%), Plan Implementation (91%), Formal/Informal Supports (86%), Effective Results (86%), and Child and Family Participation (82%).

For Fiscal Year 2000 through Fiscal Year 2004, the annual overall system scores were 31.8%, 43.5%, 54.2%, 70.8% and 79.2%. The overall System Performance score this year was 77.3%.

ANALYSIS OF DATA

RESULTS BY CASE TYPE AND PERMANENCY GOALS

Foster care cases again scored higher than home-based cases, but the gap between the two narrowed. Whereas last year 93% of foster care cases had acceptable system performance while only 60% of in-home cases had acceptable system performance, this year 85% of foster care cases had acceptable system performance compared to 67% of home based cases. This continues a trend from 2003 when 87% of foster care cases had acceptable system performance while only 56% of in-home cases had acceptable system performance. The following chart shows that this has been a trend for the past six years. Foster care cases have consistently scored better than in-home cases on both Child Status and System Performance. Three of the five cases that had unacceptable System Performance were in-home cases.

Year	# foster care cases in sample	# in-home cases in sample	% of foster cases with acceptable child status	% of in-home cases acceptable child status	% of foster cases with acceptable system performance	% of in-home cases acceptable system performance
2000	8	14	63%	43%	50%	21%
2001	12	11	83%	82%	50%	36%
2002	13	11	100%	100%	62%	45%
2003	15	9	100%	78%	87%	56%
2004	14	10	100%	80%	93%	60%
2005	13	9	93%	80%	85%	67%

The Overall System Performance results by Permanency Goal show the same trend. Cases with a goal of Remain Home had the most concerning results. Out of the eight cases with that goal only five reached an acceptable level on System Performance. Neither of the two cases with a goal of Guardianship had acceptable System Performance.

Goal	# in sample	# Acceptable System Performance	% Acceptable System Performance
Adoption	3	3	100%
Guardianship	2	0	0%
Independent Living	0	0	NA
Permanent Foster Care	3	3	100%
Remain Home	8	5	63%
Return Home	6	6	100%

RESULTS BY CASELOAD DEMOGRAPHICS

Unlike last year, high caseload appeared to have a negative impact on the results for this review. Of the caseworkers with a “manageable” caseload (16 open cases or less), 83% scored acceptable on System Performance while only 50% of workers with a large caseload (17 or more open cases) had an acceptable score. In this review only four workers had caseloads of 17 or more cases.

Caseload Size: # of open cases	Total # of caseworkers scored	Scored acceptable on System Performance
16 open cases or less	18	15 (83%)
17 open cases or more	4	2 (50%)

Of the 24 caseworkers reviewed, only two were new workers with less than 12 months work experience. Both of their cases had acceptable Child Status and System Performance ratings.

RESULTS BY OFFICES AND SUPERVISORS

The following table displays the overall case results by office and supervisor. As with last year, the cases with unacceptable System Performance were distributed fairly evenly across the offices. American Fork had one case that was unacceptable, Fillmore had one, Nephi had one, and Spanish Fork had two. The bright spot was Provo where eight cases were scored and all had acceptable System Performance. Only one supervisor had more than one case that scored unacceptable on System Performance. John Perkins, Eric Jenkins, and Casey Christopher did especially well. Each of them had multiple cases pulled, and all of their cases passed.

Case#	Office	Supervisor	Child Status	System Performance	System Performance by Office	System Performance by Supervisor	
05W06	Am. Fork	John Perkins	Acceptable	Acceptable	4 Acceptable	John Perkins	4 Acceptable
05W09	Am. Fork	John Perkins	Acceptable	Acceptable	1 Unacceptable		100%
05W13	Am. Fork	John Perkins	Acceptable	Acceptable	80%	Julie Goodman	1 Acceptable
05W01	Am. Fork	Julie Goodman	Acceptable	Unacceptable			1 Unacceptable
05W10	Am. Fork	Julie Goodman	Unacceptable	not scored			50%
05W24	Am. Fork	Julie Goodman	Acceptable	Acceptable		Patricia Solt	2 Unacceptable
05W20	Fillmore	Patricia Solt	Unacceptable	Unacceptable	1 Unacceptable		0%
					0%	Lee Robinson	1 Acceptable
05W23	Heber City	Lee Robinson	Acceptable	Acceptable	1 Acceptable		100%
					100%	Casey Christopherson	2 Acceptable
05W19	Nephi	Patricia Solt	Acceptable	Unacceptable	1 Unacceptable		100%
					0%	Daren Burdette	1 Acceptable
05W03	Provo	Casey Christopherson	Acceptable	Acceptable	8 Acceptable		100%
05W15	Provo	Casey Christopherson	Unacceptable	not scored	0 Unacceptable	Eric Jenkins	3 Acceptable
05W18	Provo	Casey Christopherson	Acceptable	Acceptable	100%		100%
05W17	Provo	Darren Burdette	Acceptable	Acceptable		Kerri Ketterer	1 Acceptable
05W02	Provo	Eric Jenkins	Acceptable	Acceptable			100%
05W07	Provo	Eric Jenkins	Acceptable	Acceptable		Nancy Zelenak	1 Acceptable
05W11	Provo	John Perkins	Acceptable	Acceptable			100%
05W16	Provo	Kerri Ketterer	Acceptable	Acceptable		Barbara Stubbs	1 Acceptable
05W14	Provo	Nancy Zelenak	Acceptable	Acceptable			1 Unacceptable
05W21	Sp. Fork	Barbara Stubbs	Acceptable	Acceptable	4 Acceptable		50%
05W22	Sp. Fork	Barbara Stubbs	Acceptable	Unacceptable	2 Unacceptable	Carolyn Nay	2 Acceptable
05W04	Sp. Fork	Carolyn Nay	Acceptable	Acceptable	67%		1 Unacceptable
05W05	Sp. Fork	Carolyn Nay	Acceptable	Acceptable			67%
05W08	Sp. Fork	Carolyn Nay	Acceptable	Unacceptable			
05W12	Sp. Fork	Eric Jenkins	Acceptable	Acceptable			

ANALYSIS OF THE EFFECT OF THE FIVE UNACCEPTABLE CASES

Five of the 22 cases scored had unacceptable System Performance. These five cases accounted for at least half of all of the unacceptable scores on every System Performance indicator. For some indicators these cases were responsible for 100% of the unacceptable scores. This illustrates the devastating effect that a handful of cases can have on the Overall System Performance score and the scores on the core indicators.

	Team Coord	Func Assmt	Long Term View	Plan Process	Plan Implementation	Track and Adapt	C & F Participation	Form & Inf Supports	Succ Transitions	Effect Results	Care-giver Func
# Acceptable	16	15	15	15	20	17	18	19	15	19	13
# Unacceptable	6	7	7	7	2	5	4	3	6	3	0
# Unacceptable from the five cases	3	4	4	5	2	4	3	2	4	3	0
% Unacceptable from the five cases	50%	57%	57%	71%	100%	80%	75%	67%	67%	100%	NA

ANALYSIS OF UNACCEPTABLE HOME-BASED CASES

At the request of the region, we did additional analysis of just the three Home-Based cases that were unacceptable.

We looked at the length of employment of the worker and found that all three workers had been employed for more than one year. Additionally, two of the three had been employed for more than three years.

We looked at the permanency goal and also if these cases had the target child in a kinship placement or with the biological family. We found that all three cases had a permanency goal of "Remain Home" and that none were in a kinship placement.

We looked at how long the cases have been open. Two of the three had been open for more than a year.

We found that caseload didn't appear to be an issue. The average caseload of the three workers was 13 and only one worker had more than 16 cases.

We also looked at each indicator to see if there are correlations there as well. We found that in all three cases Teaming, Functional Assessment, Long-Term View and Planning were unacceptable. Successful Transitions was applicable in only two cases and both of those cases were unacceptable. In both Learning Progress/Development and in Tracking/Adaptation, two of the three cases were unacceptable.

ANALYSIS OF STORY CONTENT ON UNACCEPTABLE INDICATORS

The following comments are extracted directly from the stories written on the five cases that did not score acceptable on overall System Performance. The comments help explain why particular core indicators were scored unacceptable.

Teaming

#22-Key family supports say there is no team that they are aware of. The GAL said that he just communicated with the worker and not with a team. There was a meeting held in August to address transitions but it seems to have been more of a staffing that the family was invited to. Some key members were there, but some critical providers and supports were not invited, nor was their input solicited. Had these missing members been included in the teaming process, the lingering concerns could have been addressed before now. There has only been one team meeting in the past year and only two in the life of the case. We recognize the initial resistance of the father, but saw no indication of an attempt to include the team in the updating of the Plan and Functional Assessment document last spring.

#19-The therapist had little background information on the family other than the information he gained from the mother and stepfather. The therapist said he had not yet spoken to the DCFS case manager.

#8- Even with many team meetings there was confusion over what needed to be done and who was to do it.

In summary, these cases received unacceptable scores on teaming because

- There was no functioning team
- Team meetings resembled staffings
- Critical team members were not included
- Teams meet but don't really work together

Functional Assessment

#22-There is a critical need that is not fully understood. It is mother's alleged substance abuse. Although there weren't any signs of ongoing abuse, the mental health provider for the family felt that this warranted additional follow through. Another critical need that has not been adequately addressed is the family's inability to budget enough to maintain the funds necessary for their medications. There is also a critical piece missing in the fact that Tiffany's regression in learning progress was not known to anyone on the team because the education team member had not been utilized.

#20-The reviewers were not able to find a simply stated or agreed upon statement of the family's strengths, nor was there evidence that services were planned and developed in such a way as to enhance the strengths and compensate for deficits.... The written functional assessment is a list of historic events in the family's case. The reviewers were unable to identify passages that showed a real assessment of the family's needs and strengths, nor of a process that would be used to evaluate success. The team in general expressed an informal format used for assessment that basically assumed completion of an action item on the service plan meant success. No additional information was assessed to evaluate the intervention for desired outcomes or for its ability to reduce risk. The agency, child's counselor, and peer parent all had differing conclusions based on their independent assessments, and as mentioned before, the family felt completion of a service plan objective meant the problem was "fixed."

#19- The school assessment is not a part of the DCFS record. ... The father has not had the mental health evaluation ordered by the court and he has received no counseling. The father continues to deny the allegations although they were "founded" and he has been serving a jail sentence. The court order does refer to an evaluation on the father completed by the adult probation system; however, that evaluation is not a part of the case record.... There are significant gaps in the functional assessment. Significant information available from the teacher is not included. Information from adult probation is not included for the father. Assessment information about the older brother is not available. The assessment references concern about the overnight visits of the brother but doesn't seem to provide enough detail about specific safety measures implemented. The focus child has received counseling in the past and no mention of the results are included. At least one formal assessment was completed by the school and it is not referenced. The functional assessment was last updated on September 24, 2004 and indicates the child is "emotionally appropriate" and "doing well in his studies." Neither of these conclusions is accurate.... The functional assessment doesn't reference the concerns of the teacher about the child's behavioral changes.

#8- The most recent developments are not included in the functional assessment document.

In summary, these cases received unacceptable scores on Functional Assessment because

- Needs were not identified
- Strengths were not identified
- Team members came to different conclusions
- Assessments were not completed or were missing
- The functional assessment was not updated

Long Term View

#22-Some key members of the team understand what the intermediate steps are for the family to achieve success and independence. The concern is that the family does not share this understanding. The family doesn't understand that therapy will need to be ongoing after the case closes and doesn't demonstrate an understanding of the need to maintain consistent dosages in their medication.

#20-Every person interviewed expressed a differing long-term view. They each wanted or hoped the long-term view was that the family would be able to function outside of agency involvement, but how that picture would look was very different.

#19- There is not a shared long term view for the child. Therapy has only just begun for the child and the father has received no assessment and no therapy.

#8- The functional assessment document, the long term view, and the service plan need to be updated to reflect the current goals.

In summary, these cases received unacceptable scores on Long Term View because

- Team members had different Long Term Views
- Team members didn't understand the steps to achieve the Long Term View
- The Long Term View needed to be updated to reflect current goals

Planning Process

#22-The family plan is superficial in regard to the educational issues for the children in this family. It feels "boilerplate" and not individualized for the family's needs. There was no discussion in the plan regarding the need to maintain consistent medication, yet this is one of the most critical elements of this case. The plan doesn't seem to flow from the functional assessment. The needs identified in the assessment don't appear in the plan and are not being addressed by team members. An example of this is the mother's alleged substance abuse that has not been assessed fully.

#20-[Mother and stepfather] felt they were involved in the planning process, but clearly the current service plan was developed by DCFS. ... [Mother and stepfather] do not have a clear understanding of the child and family team process and do not feel a need to use their team as a vehicle for change. The current team is held together through DCFS efforts and all members of the team expressed differing views on the true needs of the family. One member of the team, a former peer parent, was unsure of her role on the team and did not feel comfortable expressing her concerns. The team was mostly made up of formal supports with few informal supports that would endure beyond agency involvement. The lack of teaming and long-term view impacted the planning process. The service mix is not adequate to meet the needs of the family. One issue that has been danced around with this family is the reunification of [stepfather and mother's] children and the potential associated safety risks. The reviewers are convinced that for all intents and purposes, this family is reunited and no plans have been made to address this transition. The basic needs of the children and family have been adequately

identified, but the service plan has not been adapted to meet continuing needs. [Mother] has completed her part of the plan, but no one has looked at the peer parenting to see if she acquired any skills that were being targeted such as a safe, clean home and an ability to meet the children's special needs.

#19- The case plan was prepared prior to the Child and Family Team meeting. Attendance at the meeting was limited to the parents and their spouses.

#8- The mother, paramour and some other family members indicated that they did not feel that their input was valued. The mother and paramour stated that they felt excluded and that the team ganged up on them at times. The therapist acknowledged he could see how they could have felt that way.

In summary, these cases received unacceptable scores on Planning because

- The plan was not individualized
- The plan didn't address important needs
- The plan was prepared before the team met
- The family didn't feel any ownership of the plan

Plan Implementation

When plan implementation receives an unacceptable score it is nearly always because an important service have not been initiated. The following comment from one of the stories illustrates this.

#8-The plan implementation is partially unacceptable. Substance abuse has not been addressed. It has been acknowledged. The caseworker and therapist have indicated that [the child] will receive treatment, but the treatment has not yet begun. There has not been an IEP, and [the child] is behind grade level in reading. The foster mom stated that she felt like the expectations of her were constantly changing and she often wasn't sure what she was supposed to do. The foster parents did not make [the child] go to counseling last year and they didn't get [the child] to school prior to their move this year.

Tracking and Adaptation

When Tracking and Adaptation received an unacceptable score it was usually because progress has not been tracked in specific areas. The following two comments from the case stories illustrate this.

#22-While the family's mental health is being tracked appropriately; we found a critical lack of sufficient tracking with [the child's] schooling. While we found that the team has checked on attendance, the mother didn't meet with the Special Education Teacher at Parent/Teacher conference resulting in a lack of follow up on performance or current assessments.

#8- [The child] has not begun individual counseling as was recommended in June of 2003. He has attended very little school this year and tutoring was ineffective last year due to his lack of investment in it.

Exit Conference

September 2004

Strengths:

- Refined, self-sustaining teams
- Informal Supports
- Transitions
- Effective services well matched to the needs of the child and family
- Independent Living program
- Excellent working relationships between mental health and DCFS
- Commitment to not only the practice but also the principle of Teaming
- Excellent effort to maintain connections for children in care
- Everyone had documentation on the team meeting
- Considerable confidence in the practice of DCFS staff by GALs and AGs
- Good attention to the needs of the child and the parent at removal, including continuity of education
- Listening to older teens about their hopes and preferences
- Stability with formal and informal supports
- Impressive tracking and adaptation
- Dedication of workers to the family
- Engaging skills and building rapport with the family
- High degree of family satisfaction, services, effectiveness of services
- High investment of the GAL into the children
- Peer parents do exceptional work with mentally ill
- Team willing to come together and problem solve and never give up
- Welcoming attitude and no defensiveness

Practice Improvement Opportunities:

- Strengthen the domestic violence piece of the casework
- More connection between the team meeting and the functional assessment
- Get below the surface to get a better understanding of the root causes and needs
- Consistently apply teaming; include the educational partners
- Focus on the Long Term View and the sustainability of the Long Term View in addition to immediate needs
- Get to the underlying needs in the functional assessment; it is a process, not a document

System Barriers:

- Turnover of staff
- Availability of services for low functioning clients that don't qualify for DSPD
- Inaccessibility of therapists and counselors; they need more advanced notice of meetings
- Rigid program models for addicted parents
- Lack of domestic violence services

- Difficulty in bringing the same quality and range of services to kinship services as opposed to foster parents
- Attorneys General have a different view of child welfare and view families from a different model

Suggestions for Improvement from the Region:

1. Include practical applications in the training process and shadowing experience.
2. Facilitate discussion with Attorneys General surrounding expediting orders for kinship placement and reinforce the attorney / client relationship with the division.
3. Provide more intensive training for foster parents on drug court and domestic violence. Utilize cluster groups and supports for foster parents.
4. Keep working on resistance and not accept “no” for an answer on kinship placement.

Recommendations:

1. Educate partners on the Practice Model and their role in the process.
2. Train staff to the integration of the process of the Practice Model:
 - Teaming
 - i. Consistent use
 - ii. Engage the educational partners early in the school year
 - iii. More than just the meeting
 - Functional Assessment is a process
 - i. Getting to the underlying needs in the assessment process
 - ii. Linkage between the team meeting and flowing into the plan